

## APPLICATION DATA SHEET

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	514
Suggested Group Art Unit::	1627
CD-ROM or CD-R?:	None
Title::	TREATMENT OF INFLAMMATION AND INFLAMMATION-RELATED DISORDERS WITH A COMBINATION OF A CYCLOOXYGENASE-2 INHIBITOR AND A LEUKOTRIENE B4 RECEPTOR ANTAGONIST
Attorney Docket Number::	2891/3 (PHA 4142.2)
Request for Early Publication?:	No
Request for Non-Publication?:	No
Small Entity?:	No
Secrecy Order in Parent?:	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peter
Middle Name::	C.
Family Name::	Isakson
City of Residence::	Morristown
State or Province of Residence::	NJ
Country of Residence::	US
Street of Mailing Address::	11 East Cove Land
City of Mailing Address::	Morristown
State or Province of Mailing Address::	NJ

Postal Code of Mailing Address:: 07960

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: D.  
Family Name:: Anderson  
City of Residence:: Maryland Heights  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of Mailing Address:: 1885 McKelvey Hill Dr., Apt.  
311  
City of Mailing Address:: Maryland Heights  
State or Province of Mailing  
Address:: MO  
Postal Code of Mailing Address:: 63043

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Middle Name:: A.  
Family Name:: Gregory  
City of Residence:: University City  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of Mailing Address:: 8136 Cornell Court  
City of Mailing Address:: University City  
State or Province of Mailing  
Address:: MO  
Postal Code of Mailing Address:: 63167

**Correspondence Information**

Correspondence Customer Number:: 000321

**Representative Information**

Representative Customer Number:: 000321

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	08/661,641	06/11/96
08/661,641	Continuation- in-Part of	08/489,415	06/12/95

**Assignee Information**

Assignee Name:: Pharmacia Corporation